

S T A T E

OF THE

L I N C O L N

L U N A T I C A S Y L U M .

(Instituted November 4, 1819.)

1835.

LINCOLN:

PRINTED BY KEYWORTH, BOOKSELLER, HIGH-STREET.

MDCCCXXXV.

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FORM FOR LEGACIES.

Persons disposed to contribute to this Asylum by their last Will, are particularly requested to use the following words.

I give and bequeath unto the Treasurer of a Society who call themselves GOVERNORS OF THE LINCOLN LUNATIC ASYLUM, the Legacy or sum of _____ which sum I charge on such part of my personal estate as does not consist of Chattels real, and direct to be paid by my Executors, within _____ months next after my decease, and applied to the charitable uses of the said Asylum, for which, on payment, the Treasurer's Receipt shall be a sufficient discharge.

¶ For want of this Form many Charities have lost their Legacies, the Testators having charged them on their *real* instead of their *personal* estate.

1835.

THE
ELEVENTH REPORT
OF THE
LINCOLN LUNATIC ASYLUM.

IN the Autumn of the last year a considerable addition was made to the building, for the night accommodation of the male patients, by raising the North wing to a level with the wings in front; the whole will be ready for occupation in the course of this spring, and will it is hoped be found sufficient, on the male side, to meet the greatly increased demand for admission. When the female side of the building can also be completed, there will be room in the Asylum for about one hundred patients; probably as many as the county will supply from among persons likely to request admission, and as many as a single institution (whether for males or females only, or for both) ought to contain. A greater number would be more than one male and one female resident officer could take in charge with a discriminating attention towards each individual case.

To give accommodation more in accordance with the character and comfort of a private dwelling, and such as is already enjoyed by the convalescent patients, some apartments adjoining the front galleries have been appropriated as sitting rooms with (guarded) fire-places; leaving the galleries as heretofore for the purpose of exercise, &c. especially in wet weather.

Several of the Governors having subscribed to present a handsome Conservatory, it is hoped that the Nobility and Gentry will direct their gardeners to aid this establishment

with spare plants, which will be a source of great satisfaction to many of the patients, and particularly to the females.

A portion of the space at the end of the east wing is under order to be paved as a Fives Court, for the amusement and exercise of the male patients.

By the introduction of sash doors throughout the whole of the galleries, the cheerfulness of their appearance has been remarkably increased ; while the conduct of the Attendants, and their demeanor towards those under their care, can be readily observed at all times. Frequent observation, the principal duty of the House Surgeon (disengaged for the purpose from the offices of Secretary and Accountant,) will be greatly facilitated : and the Governors will be enabled to feel entire confidence in the proper treatment of the patients. The opportunities of neglect and harshness behind close and closed doors amidst incompetent witnesses, must be so unlimited, that every obstruction of observation may be considered as an exposure of these institutions to the risk of such consequences.

An occasion having arisen to renew some of the furniture of the first-rank patients and of the officers, the following order was made by the General Board, “That the furniture of the officers be neat and plain, and subordinate to that of the first rank patients.” In an institution supported by payments from the patients or their friends, any profuseness would be unbecoming ; and, while the salaries and accommodations allowed have been regulated with a due regard to the respectability of the offices, the sources from whence they are supplied have been steadily kept in view.—The Board has made it a general principle to connect the condition of the Officers with that of the patients as far as possible, so as to make the comforts of each dependent upon those of the other. With this view it has been arranged, that fires for the use of the patients shall always be commenced and discontinued at the same periods as those for the use of the household.

The best effects have been found to follow the discontinuance of fermented drink by the patients : and the disturbances formerly not uncommon after dinner, have now

disappeared.—By a resolution of the Board, a lengthened period of detention, where insanity is connected, as cause or effect, with intoxication, has been recommended, so as to allow of the entire subsidence of that morbid craving or stimulus, rendered by habitual indulgence incurable except under compulsory abstinence. Such patients are invariably (at first) most urgent for their own discharge, and their rational demeanor, while under the regimen of the Asylum, pleads strongly in their behalf. It may however be broadly laid down, that no habit can be corrected without time for the establishment of a counter habit. Frequent experience of early and repeated returns, after a hasty removal in these cases, and the serious inconvenience suffered by society, families, and friends, in the interval, have shown that such compliance must be injurious to the character of the institution.—To give additional motives for sobriety (a deviation from which is never overlooked by the Board) a pecuniary allowance has been made to all members of the establishment in lieu of malt liquor.

A further review of the instruments of restraint has reduced them to four mild and simple methods: viz.

Day, 1.—The wrists secured by a flexible connection with a belt round the waist.

2.—The ankles secured by a flexible connection with each other, so as to allow of walking exercise.

Night, 3.—One or both wrists attached by a flexible connection to the side of the bed.

4.—The feet placed in night-shoes, similarly attached to the foot of the bed.

Both the precautions together are very seldom required in the same case, either by day or by night: strong dresses which cannot readily be torn, and list shoes, generally superseding the necessity of any restraint even in excited cases. The object of restraint is not punishment but security. Every instrument, which could confine the fingers themselves, has been entirely discarded, for reasons founded upon a distinction between restraints which render a patient harm-

less, and those which would render him unable to employ the remains of his reason to assist himself on proper occasions. The present suffering and future ill consequences resulting from the neglect of this distinction, have been forcibly depicted in the evidence* given by Mr. John Haslam, Apothecary for more than twenty years at Bethlem, during an examination upon this subject before a Committee of the House of Commons.—The number of instances of restraint has continued further to diminish in a striking manner, as will appear by an abstract from the Report of the Weekly Visitor, *August 10, 1834*, who observes “That he has much gratification in being able to state that not a single male patient has been under restraint since the 16th day of July, and not one female patient since the 1st of August,” up to the above date.

* QUESTION.—How are the hands secured? With chains?

ANSWER.—A manacle is a means of confining the wrists, leaving the fingers at liberty, but rendering them incapable of separating their arms for the purposes of effecting violence.

Q.—Might not violence be effected by both the hands?

A.—No, you cannot be afraid of any man so secured.

Q.—You think that the hands so secured with irons, is less objectionable than when secured by a strait-waistcoat? A.—A thousand times.

Q.—Can the patient move his hands to his face?

A.—Certainly; it is merely a security round each wrist,

Q.—Is he not capable of doing himself an injury with his hands secured in that way?

A.—No; he is not able to strangle himself, or to fix the apparatus to hang himself, or do any injury to himself, or any body else.

Q.—Is he not capable of striking another person with his hands secured with irons?

A.—The hands put up even of a timid person would prevent it.

Q.—Is he not capable of striking at another person that may come in his way?

A.—Not to hurt him; he can strike him, but not to hurt him.

Q.—Then it is your opinion, if a man is handcuffed in the manner already described, a man of common bodily strength, such as is fit to be employed as a keeper, need not be afraid of injury from the most outrageous Maniac?

A.—As far as the hands are concerned, certainly not.

Q.—If his legs or feet were confined in the usual manner by footlocks?

A.—Then he would be an innoxious animal.

Q.—What are the disadvantages you conceive attending on the use of a strait-waistcoat?

A.—The hands are completely confined; if the strait-waistcoat be tied tightly, respiration is prevented or impeded, and it is always at the mercy of the keeper how tight he chooses to tie the waistcoat. If the patient be irritated by itching in any part, he is unable to administer the relief by scratching, or if troubled with flies; in hot weather it is a painful incumbrance, and if not changed is liable to absorb a great deal of perspiration, which renders sometimes the skin excoriated. He cannot wipe his nose, and he becomes a driveller in consequence; he cannot assist himself on natural occasions, or possess personal cleanliness as long as the strait-waistcoat is applied. Then there is another very curious effect that has resulted from keeping on the strait-waistcoat for a considerable time; the nails are pinched up, and I have seen some instances where patients have been long kept in the strait-waistcoat, where the nail has resembled the claw of an animal; so that I can pretty nearly judge by the look of the hand of a lunatic, if I do not see his face, whether he has been the subject of a strait-waistcoat a long while.

T. M. SUTTON, CHAIRMAN.

APRIL, 1835.

Number of the Patients admitted, and of those discharged from the Books,

From Jan. 1, 1834, to Dec. 31, 1834,

From April 26, 1820, to Dec. 31, 1834.

	M.	F.	Total.		M.	F.	Total.
Remaining, Jan. 1, 1834.....	35	15	50	Admitted	248	177	425
Admitted in 1834	22	18	40	Re-admitted	43	37	80
Re-admitted in 1834	9	10	19	Discharged	248	191	439
Discharged in 1834	23	20	43	Remained, Dec. 31, 1834 ..	42	24	66
Remained Dec. 31, 1834	42	24	66				

State of the Patients when discharged from the Books.

From Jan. 1, 1834, to Dec. 31, 1834.

From April 26, 1820, to Dec. 31, 1834.

Recovered	12	Recovered	162
Improved.....	5	Improved.....	55
On trial	5	On trial	42
Removed during treatment.....	15	Removed during treatment.....	89
Improper object.....	0	Improper object	1
By order of the Board	2	By order of the Board	7
Escaped	0	Escaped	3
Dead....	4	Dead.....	80

Causes of the Deaths.

Abscess of the Brain	1	Epilepsy	8	Maniacal exhaustion ...	5
Apoplexy	4	Fever,	3	Old age,	3
Catalepsy	1	Found dead in bed.....	2	Paralysis	1
Diarrhœa	3	Gradual exhaustion	23	Psoas abscess	2
Dropsy	6	Inflammation of the brain	1	Suicide	6
Dying when admitted....	5	Locked jaw.....	1	Tabes	5

Number of Persons Maintained,

From January 1, 1834, to December 31, 1834.

	Patients.	Household.	Patients & Household.
Total Daily Maintenances	20,544	4712	25,256
Average Daily Maintenances	56	13	69

Average Consumption of Bread, per head, per day....16½oz.

Average Consumption of Meat, per head, per day....10½oz.

Note.—The Patients do not all receive a Meat diet daily.

Charge to Patients for Board, Lodging, and Attendance in 1834. . . £1500 7 7

Sums received from Patients for Board, Lodging, and Attendance,

From the Opening of the Institution in March, 1820, to December 31, 1834.

1st Rank,	1 Patient at 2 12 6 per week,	6 7 6	}	279 4 7
	3	2 2 0		
	2	1 11 6		
	2	1 5 0		
	39	1 1 0	2265 18 1	2265 18 1
2nd Rank,	66	0 15 0	1797 11 11	1797 11 11
3rd Rank,	23	0 12 0	453 0 4	
	162	0 10 0	4838 3 11	
	153	0 9 0	4596 3 6½	
	52	0 8 0	1078 9 1½	10,965 16 11
				<u>£ 15,308 11 6</u>

Variations in the rates of payment by some of the same Patients, and Re-admissions, will account for the apparent excess of Patients above 425.

DISBURSEMENTS,

From January 1, 1834, to December 31, 1834.

£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	
House Surgeon ...	100	0	0						<i>Brought forward.</i>	1225	1	5
Matron	40	0	0						Escape of a Patient	1	19	11
Secretary	42	0	0						Medicine.....	7	13	6
Surveyor	10	10	0						Newspapers, Peri-			
Ditto, a Gratuity.	25	0	0						odicals, Books .	4	5	11
House Porter ...	21	3	3						Printing, advertising	15	5	4
4 Male Attendants	83	6	9						Stationery, Postage	7	0	7—36 5 3
2 Female Ditto . .	23	4	10						Cooperage	0	6	3
4 Female Servants	36	15	7						Earthenware, Glass	4	18	7
Charwoman	2	14	0—384	14	5				Furniture.....	47	12	2
Bread 26,103 lbs.	119	8	5						House Linen	31	17	3½
Butter... 651 lbs.	30	6	5						Ironmongery, Bra-			
Cheese... 749 lbs.	18	16	1						ziery	18	5	5—102 19 8½
Coffee ... 12 lbs.	1	4	6						Joiner	38	11	2
Eggs	6	3	3						Mason, Bricklayer	31	18	11
Fish	1	5	9						Painter	2	10	4
Flour 159 st.	15	1	9						Ditto, for 1831 ..	7	8	5
Malt liquor 1800gal	70	6	3						Plumber, Glazier	27	4	4
Meat.. 11,544 lbs.	217	15	9						Smith	27	11	4—135 4 6
Milk	62	8	11						Additional Sleeping apart-			
Oatmeal	6	2	0						ments, in progress	297	19	11
Peas	0	11	4½						Insurance on £3000.	8	5	0
Plums, Currants .	1	7	5½						Patients' Clothing	171	14	2½
Potatoes 1761 pks.	33	5	2						Ditto, Advances and Deposits			
Poultry	1	1	11½						returned on discharge	111	13	2
Rice 535 lbs.	8	19	4						In hands of Secretary	18	19	9½
Salt, Pepper . . .	3	7	11					 House Surgeon ..	20	0	0
Sugar . . 1080 lbs	27	17	8					 Surveyor	40	0	0
Tea..... 112 lbs.	28	13	6						In the Bank	129	6	5
Vegetables	7	7	6—661	10	11½							
Candles .. 290 lbs.	7	8	0									
Coals. . 131½ ch.	103	9	9									
Firewood	5	9	0									
Mops, Brushes ..	5	18	10									
Oil for Lamps . .	2	17	9									
Soap 5¾ cwt.....	16	17	2									
Starch, Blue	2	13	8									
Straw	9	0	0									
Sundries	25	1	10½-178	16	0½							
						£ 2297 9 4½						

RECEIPTS,

From January 1, 1834, to December 31, 1834.

	£	s.	d.
Balance brought forward from December 31, 1833	224	1	5½
Cash from Patients, including Deposits	1826	9	4½
Annual Subscriptions	117	13	0
Benefactions	31	0	0
Legacy	49	10	0
Dividends on Stock	7	0	0
Found in the Charity Box	18	9	1½
Cash from the hands of the late House Surgeon	20	0	0
By sale of Swill	2	0	0
By sale of Grease	0	13	3
By sale of Rags	0	13	2

STATE OF DEBTS AND CREDITS,


January 1, 1835.

DEBTS.

	£	s.	d.
Patients' Deposits in hand	229	17	2

CREDITS.

Stock in the new 4 per Cents.	200	0	0
Cash in the hands of the House-Surgeon	20	0	0
————— Matron	30	0	0
————— Secretary	18	19	9½
————— Surveyor	50	0	0
————— Bank	129	6	5

 *RULE.*—Any Governor may at all times inspect, extract, or copy, any Bills, Accounts, Journals, Registers, Minute-Books, or Documents whatsoever, provided that the names of the Patients shall not be copied.

£ 2297 9 4½

BOARDS.

An *Ordinary Board* of the Governors is held Weekly at the Asylum, on Monday at *One o'clock*.

A *General Board* of the Governors is held Quarterly on the second Wednesday of January, April, July, and October, at *Twelve o'clock*.

ADMISSION OF PATIENTS.

The Ordinary Board regulates the Admission of Patients.—The Forms of Admission, with other necessary information, are immediately supplied to applicants, by the Secretary or House-Surgeon.

The House-Surgeon, during the intervals of the Boards, may on emergency, provisionally admit Patients who have complied with the necessary Forms, subject to the opinion of the Physician.

Where any difficulty occurs in conducting Patients to the Asylum, the Physician may send a confidential Attendant and needful Apparatus for the purpose; for which no charge is made beyond the expenses incurred.

The following are the usual terms for Board, Lodging, Attendance, and Medical Treatment.

1st Rank	per week	1	1	0
2nd Rank.		0	15	0
3rd Rank, Males		0	9	0
———— Females.		0	8	0

Special Contracts may be made for extra Attendants and Diet.

A “Deposit of six weeks’ payment,” and a “Payment in advance up to the next Quarter Day,” are required with each Patient on admission.—The Friends may advance for any additional Quarters, if more convenient.—The Quarter Days fall on the first day of January, April, July, and October, respectively.—On the removal or death of any Patient, the amount due to the institution is deducted, and the surplus returned.

OFFICIAL VISITING.

A “Governors’ Memorandum Book” shall lie upon the Board Room Table, for their remarks at such times as they shall think proper to visit the Asylum.

At each Quarterly General Board the Governors present or some of them, shall be requested to inspect the Asylum, and see every Room and Patient, and report forthwith to the Board.

At each Ordinary Board, one of the Governors shall be appointed Visitor for the week next succeeding, to visit the Asylum daily if convenient, to see every Patient once at least in the week, to make any enquiries which may seem fit, and to enter his observations in the “Weekly Visitor’s Book;” and no person whatsoever shall interfere to prevent the most minute examination of the Establishment.

OCCASIONAL VISITING.

Persons wishing to visit the Asylum, may be personally introduced by one of the Physicians, Surgeons, or Governors, or by the written order of a Governor; and the House-Surgeon may admit any respectable non-resident of Lincoln to see the establishment, without a special order.

VISITS OF FRIENDS.

The Rules affecting the admission of the Patients friends are appended to each Quarterly Account.